

295240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

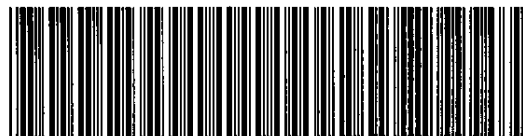
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400186652204

10/18/10--01026--013 \*\*35.00

FILED  
OCT 18 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/18/10  
Chang  
G

10/19/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CO-Free Inc  
Name of Corporation

DOCUMENT NUMBER: 295240

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William L Freeman  
Name of Contact Person

CO-Free Inc  
Firm/Company

1102 Howard Street East  
Address

Live Oak, FL 32004  
City/State and Zip Code

Jiffy Food Stores @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William L Freeman at ( 386 ) 362-1320  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CO-Free Inc
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/27/1965 Document number: 295240
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William L. Freeman  
1149 NE 35th Street  
Ocala, FL 34479

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William L Freeman  
1102 Howard Street East  
Live Oak, FL 32064

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2010 OCT 18 AM 10:55

FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William L. Freeman  
Signature of an officer or director

William L Freeman President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William L. Freeman  
Signature of Registered Agent

10-11-10

Date

If signing on behalf of an entity:

William L Freeman  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*